

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
06 APR 20 PM 12:41
FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Committee for Joseph W. Testa						Registration Number, if PAC	
Full Name of Candidate Joseph W. Testa							
Street Address 873 Ebner St.				Office Sought County Auditor		District	
City Columbus				State OH		Zip Code 43206	
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M 0 5 D 0 2 Y 0 6	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box ☐
No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	155,522	71
2. Total monetary contributions (From Form No. 31-A)	\$	39,855	00
3. Total other income (From Form No. 31-A-2)	\$	201	02
4. Total funds available (sum of lines 1, 2, 3)	\$	195,578	73
5. Total monetary expenditures (From Form No. 31-B)	\$	21,331	36
6. Balance on hand (line 4 minus line 5)	\$	174,247	37
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	2,400	00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$		
9. Outstanding loans owed by committee (From Form No. 31-C)	\$		
10. Outstanding debts owed by committee (From Form No. 31-N)	\$		
11. Outstanding loans owed to committee (From Form No. 31-K)	\$		
12. Value of independent expenditures made (From Form No. 31-U)	\$		
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$		

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Ross A. Chambers, Treasurer *RA Chambers*
Print Name and Title (Treasurer and Deputy Treasurer only) Signature

4/20/06
Date

Contribution pages **22**

Expenditure pages **4**

Other pages **7**

Total pages **33**

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Testa</i>									
Full Name of Contributor <i>Contributions From Form 31-E</i>							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
						0	2	2	7,000.00
Full Name of Contributor <i>Contributions From Form 31-E</i>							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
						0	3	32,855.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Tests</i>							
Full Name <i>National City Bank</i>				Registration Number, if PAC			
Address <i>155 E. Broad St.</i>		Type* <i>IN</i>	M <i>02</i>		D <i>10</i>	Y <i>06</i>	Amount <i>56.08</i>
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43215</i>		Form (Cash, Check, etc.) <i>NA</i>		
Full Name <i>National City Bank</i>				Registration Number, if PAC			
Address <i>155 E. Broad St.</i>		Type* <i>IN</i>	M <i>03</i>		D <i>13</i>	Y <i>06</i>	Amount <i>65.69</i>
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43215</i>		Form (Cash, Check, etc.) <i>NA</i>		
Full Name <i>National City Bank</i>				Registration Number, if PAC			
Address <i>155 E. Broad St.</i>		Type* <i>IN</i>	M <i>04</i>		D <i>10</i>	Y <i>06</i>	Amount <i>79.25</i>
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43215</i>		Form (Cash, Check, etc.) <i>NA</i>		
Full Name				Registration Number, if PAC			
Address		Type*	M		D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC			
Address		Type*	M		D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC			
Address		Type*	M		D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC			
Address		Type*	M		D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc.)		

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Testa</i>									
To Whom Paid <i>New Century Solutions</i>						M	D	Y	Amount <i>1,500.00</i>
Address <i>5466 Cedar Bush Rd.</i>						Purpose <i>Consulting</i>			
City <i>Columbus</i>						State <i>OH</i>		Zip Code <i>43229</i>	Check Number <i>3428</i>
To Whom Paid <i>Minuteman Press</i>						M	D	Y	Amount <i>1,015.60</i>
Address <i>70 S. Fantha St.</i>						Purpose <i>Printing</i>			
City <i>Columbus</i>						State <i>OH</i>		Zip Code <i>43215</i>	Check Number <i>3429</i>
To Whom Paid <i>Cindy Hardy</i>						M	D	Y	Amount <i>323.87</i>
Address <i>7970 Sethurick Rd.</i>						Purpose <i>Reimbursement-Supplies</i>			
City <i>Dublin</i>						State <i>OH</i>		Zip Code <i>43016</i>	Check Number <i>3430</i>
To Whom Paid <i>Postmaster</i>						M	D	Y	Amount <i>390.00</i>
Address <i>850 Twin Rivers Dr.</i>						Purpose <i>Postage</i>			
City <i>Columbus</i>						State <i>OH</i>		Zip Code <i>43215</i>	Check Number <i>3431</i>
To Whom Paid <i>Price for Congress</i>						M	D	Y	Amount <i>50.00</i>
Address <i>145 E. Rich St.</i>						Purpose <i>Contribution</i>			
City <i>Columbus</i>						State <i>OH</i>		Zip Code <i>43215</i>	Check Number <i>3432</i>
To Whom Paid <i>Curtiss for Auditor</i>						M	D	Y	Amount <i>75.00</i>
Address <i>104 W. Main St.</i>						Purpose <i>Contribution</i>			
City <i>Bremen</i>						State <i>OH</i>		Zip Code <i>43107</i>	Check Number <i>3433</i>
To Whom Paid <i>Minuteman Press</i>						M	D	Y	Amount <i>675.36</i>
Address <i>70 S. Fantha St.</i>						Purpose <i>Printing</i>			
City <i>Columbus</i>						State <i>OH</i>		Zip Code <i>43215</i>	Check Number <i>3434</i>
To Whom Paid <i>New Century Solutions</i>						M	D	Y	Amount <i>1,500.00</i>
Address <i>5466 Cedar Bush Rd.</i>						Purpose <i>Consulting</i>			
City <i>Columbus</i>						State <i>OH</i>		Zip Code <i>43229</i>	Check Number <i>3435</i>

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Joseph W. Testa										
To Whom Paid Franklin County Board of Elections							M	D	Y	Amount 80.00
Address 280 E. Broad St.			Purpose Filing Fee							
City Columbus			State OH	Zip Code 43215		Check Number 3436				
To Whom Paid Staples							M	D	Y	Amount 59.23
Address 3737 Easton Market			Purpose Supplies							
City Columbus			State OH	Zip Code 43219		Check Number 3437				
To Whom Paid Victorys							M	D	Y	Amount 401.48
Address 543 S. High St.			Purpose Committee Meeting Expenses							
City Columbus			State OH	Zip Code 43215		Check Number 3438				
To Whom Paid City of Dublin							M	D	Y	Amount 100.00
Address 5600 Post Rd.			Purpose Parade Fee							
City Dublin			State OH	Zip Code 43017		Check Number 3439				
To Whom Paid Bexley Lions							M	D	Y	Amount 60.00
Address 2926 E. Mound St.			Purpose Ad							
City Columbus			State OH	Zip Code 43209		Check Number 3440				
To Whom Paid New Century Solutions							M	D	Y	Amount 1,500.00
Address 5466 Cedar Bush Rd.			Purpose Consulting							
City Columbus			State OH	Zip Code 43229		Check Number 3441				
To Whom Paid Franklin County Farm							M	D	Y	Amount 50.00
Address 1852 Lakerview Ave.			Purpose Luncheon Tickets							
City Columbus			State OH	Zip Code 43224		Check Number 3443				
To Whom Paid Ohio Ethics Commission							M	D	Y	Amount 40.00
Address 8 E. Long St.			Purpose Filing Fee							
City Columbus			State OH	Zip Code 43215		Check Number 3444				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Testa</i>										
To Whom Paid <i>National City Bank</i>							M	D	Y	Amount <i>10.00</i>
Address <i>155 E. Broad St.</i>				Purpose <i>Service Charge</i>						
City <i>Columbus</i>				State <i>OH</i>	Zip Code <i>43215</i>		Check Number <i>NA</i>			
To Whom Paid <i>Postmaster</i>							M	D	Y	Amount <i>390.00</i>
Address <i>850 Twin Rivers Dr.</i>				Purpose <i>Postage</i>						
City <i>Columbus</i>				State <i>OH</i>	Zip Code <i>43215</i>		Check Number <i>3445</i>			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State	Zip Code		Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State	Zip Code		Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State	Zip Code		Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State	Zip Code		Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State	Zip Code		Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State	Zip Code		Check Number			

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Testa</u>					
Full Name of Contributor <u>Steven Williford</u>				Registration Number, if PAC	
Street Address <u>5437 Columbia Rd.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>2</u>
City <u>Patauskala</u>		State <u>OH</u>	Zip Code <u>43062</u>	Y <u>0</u>	Amount <u>500.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Marcia Majidzadeh</u>					
Street Address <u>1244 Bayboro Dr.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>2</u>
City <u>New Albany</u>		State <u>OH</u>	Zip Code <u>43054</u>	Y <u>0</u>	Amount <u>500.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Richard Jones</u>					
Street Address <u>5531 Oldwynne Rd.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>2</u>
City <u>Hilliard</u>		State <u>OH</u>	Zip Code <u>43026</u>	Y <u>0</u>	Amount <u>1,000.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Edward Carey</u>					
Street Address <u>394 E. Town St.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>2</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	Y <u>0</u>	Amount <u>1,000.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Donald Falcoski</u>					
Street Address <u>5971 Okentansy River Rd.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>2</u>
City <u>Worthington</u>		State <u>OH</u>	Zip Code <u>43085</u>	Y <u>0</u>	Amount <u>1,000.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>James Negrón</u>					
Street Address <u>6498 Glass Dr.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>2</u>
City <u>Westerville</u>		State <u>OH</u>	Zip Code <u>43081</u>	Y <u>0</u>	Amount <u>1,000.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Jeffrey Culavan</u>					
Street Address <u>92 Hanford St.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>2</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43206</u>	Y <u>0</u>	Amount <u>1,000.00</u>
Form (Cash, Check, etc.) <u>Check</u>					

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ 6,000.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Testa</u>							
Full Name of Contributor <u>Scott W. Schiff</u>				Registration Number, if PAC			
Street Address <u>503 S. Front St.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>022306</u>						<u>1,000.00</u>	
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43215</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code		Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code		Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code		Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code		Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code		Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code		Form (Cash, Check, etc.)			

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ 1,000.00

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Joseph W. Testa			
Full Name of Contributor Jeffrey Glavan		Employer, Occupation, Labor Organization*	
Street Address 92 Hanford St.		Description of Item or Service Food & Bev; 2/22 Event	
City Columbus		State OH	Zip Code 43206
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code

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Page Total \$ **2,400.00**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Testa</u>					
Full Name of Contributor <u>Edwin Carr</u>				Registration Number, if PAC	
Street Address <u>6088 Nicholas Glen</u>		Employer/Occupation/Labor Organization*		M D Y <u>0</u> <u>2</u> <u>13</u> <u>06</u>	Amount <u>75.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43213</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>John Haverisen</u>				Registration Number, if PAC	
Street Address <u>587 Fox Lane</u>		Employer/Occupation/Labor Organization*		M D Y <u>0</u> <u>2</u> <u>13</u> <u>06</u>	Amount <u>150.00</u>
City <u>Worthington</u>	State <u>OH</u>	Zip Code <u>43085</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Andrew Dunn</u>				Registration Number, if PAC	
Street Address <u>266 Preston Rd.</u>		Employer/Occupation/Labor Organization*		M D Y <u>0</u> <u>2</u> <u>17</u> <u>06</u>	Amount <u>150.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43209</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Allen Shepherd</u>				Registration Number, if PAC	
Street Address <u>6295 Casgray Rd.</u>		Employer/Occupation/Labor Organization*		M D Y <u>0</u> <u>2</u> <u>17</u> <u>06</u>	Amount <u>75.00</u>
City <u>Dublin</u>	State <u>OH</u>	Zip Code <u>43016</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Donald Kenney</u>				Registration Number, if PAC	
Street Address <u>470 Worthington Rd.</u>		Employer/Occupation/Labor Organization*		M D Y <u>0</u> <u>2</u> <u>17</u> <u>06</u>	Amount <u>1,000.00</u>
City <u>Westerville</u>	State <u>OH</u>	Zip Code <u>43082</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>John Price</u>				Registration Number, if PAC	
Street Address <u>262 Mohawk Ave.</u>		Employer/Occupation/Labor Organization*		M D Y <u>0</u> <u>2</u> <u>17</u> <u>06</u>	Amount <u>10.00</u>
City <u>Westerville</u>	State <u>OH</u>	Zip Code <u>43081</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Paul Griesse</u>				Registration Number, if PAC	
Street Address <u>2640 North St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>0</u> <u>2</u> <u>17</u> <u>06</u>	Amount <u>100.00</u>
City <u>Granville</u>	State <u>OH</u>	Zip Code <u>43023</u>		Form (Cash, Check, etc.) <u>Check</u>	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ 1,560.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Testa</u>					
Full Name of Contributor <u>Blaine Sickles</u>				Registration Number, if PAC	
Street Address <u>7997 Clark Ave.</u>		Employer/Occupation/Labor Organization*		M D Y <u>02 17 06</u>	Amount <u>25.00</u>
City <u>Dublin</u>	State <u>OH</u>	Zip Code <u>43017</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>John Stegman</u>				Registration Number, if PAC	
Street Address <u>3143 Walden Ravines</u>		Employer/Occupation/Labor Organization*		M D Y <u>02 17 06</u>	Amount <u>50.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43221</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Orin Morris</u>				Registration Number, if PAC	
Street Address <u>111 Riverview Park</u>		Employer/Occupation/Labor Organization*		M D Y <u>02 17 06</u>	Amount <u>75.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43214</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>George Sicaras</u>				Registration Number, if PAC	
Street Address <u>2460 N. High St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>02 17 06</u>	Amount <u>75.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43202</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Dana Riechart</u>				Registration Number, if PAC	
Street Address <u>395 E. Broad St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>02 17 06</u>	Amount <u>75.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43215</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Paul Loper</u>				Registration Number, if PAC	
Street Address <u>6321 E. Livingston Ave.</u>		Employer/Occupation/Labor Organization*		M D Y <u>02 21 06</u>	Amount <u>100.00</u>
City <u>Reynoldsburg</u>	State <u>OH</u>	Zip Code <u>43068</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Reva Smart</u>				Registration Number, if PAC	
Street Address <u>2460 Donna Dr.</u>		Employer/Occupation/Labor Organization*		M D Y <u>02 21 06</u>	Amount <u>30.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43220</u>		Form (Cash, Check, etc.) <u>Check</u>	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ 430.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Testa</u>					
Full Name of Contributor <u>Margellen Kahn</u>				Registration Number, if PAC	
Street Address <u>165 E. Dashler Ave.</u>		Employer/Occupation/Labor Organization*		M D Y <u>022106</u>	Amount <u>75.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43206</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Richard Stage</u>				Registration Number, if PAC	
Street Address <u>2733 Woodgrove Dr.</u>		Employer/Occupation/Labor Organization*		M D Y <u>022106</u>	Amount <u>75.00</u>
City <u>Grove City</u>	State <u>OH</u>	Zip Code <u>43123</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>John Chester</u>				Registration Number, if PAC	
Street Address <u>65 E. State St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>022106</u>	Amount <u>2,500.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43215</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Bruce Sell</u>				Registration Number, if PAC	
Street Address <u>141 S. Drexel Ave.</u>		Employer/Occupation/Labor Organization*		M D Y <u>022306</u>	Amount <u>500.00</u>
City <u>Bexley</u>	State <u>OH</u>	Zip Code <u>43209</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>The Limited PAC</u>				Registration Number, if PAC <u>CP809</u>	
Street Address <u>Three Limited Pkwy.</u>		Employer/Occupation/Labor Organization*		M D Y <u>022306</u>	Amount <u>1,500.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43230</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Ronald Pizzuti</u>				Registration Number, if PAC	
Street Address <u>Two Miranda Place</u>		Employer/Occupation/Labor Organization*		M D Y <u>022406</u>	Amount <u>2,500.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43215</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Pat Graseck</u>				Registration Number, if PAC	
Street Address <u>1000 U-lin Ave.</u>		Employer/Occupation/Labor Organization*		M D Y <u>022406</u>	Amount <u>75.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43212</u>		Form (Cash, Check, etc.) <u>Check</u>	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ 7,225.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Testy</u>					
Full Name of Contributor <u>Gary Baas</u>				Registration Number, if PAC	
Street Address <u>959 Maebelle Way</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>2</u>
City <u>Westerville</u>		State <u>OH</u>	Zip Code <u>43081</u>	Y <u>4</u>	Amount <u>2,500.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Taylor Property Development Ltd.</u>				Registration Number, if PAC	
Street Address <u>701 Morning St.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>2</u>
City <u>Worthington</u>		State <u>OH</u>	Zip Code <u>43085</u>	Y <u>4</u>	Amount <u>75.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Nancy Taylor</u>				Registration Number, if PAC	
Street Address <u>701 Morning St.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>2</u>
City <u>Worthington</u>		State <u>OH</u>	Zip Code <u>43085</u>	Y <u>4</u>	Amount <u>75.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Robert Teater</u>				Registration Number, if PAC	
Street Address <u>286 W. Weisheimer Rd.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>2</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43214</u>	Y <u>4</u>	Amount <u>150.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Arleen Resnick</u>				Registration Number, if PAC	
Street Address <u>6917 Betsay Pl.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>2</u>
City <u>Worthington</u>		State <u>OH</u>	Zip Code <u>43085</u>	Y <u>4</u>	Amount <u>75.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Arleen Resnick</u>				Registration Number, if PAC	
Street Address <u>6917 Betsay Pl.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>2</u>
City <u>Worthington</u>		State <u>OH</u>	Zip Code <u>43085</u>	Y <u>4</u>	Amount <u>75.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Mike Kilboy</u>				Registration Number, if PAC	
Street Address <u>319 Thurman Ave.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>2</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43206</u>	Y <u>4</u>	Amount <u>50.00</u>
Form (Cash, Check, etc.) <u>Check</u>					

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ 3,000.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Testa</u>							
Full Name of Contributor <u>Gerald Fray</u>				Registration Number, if PAC			
Street Address <u>5759 Grackle Ln.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Westerville</u>		State <u>OH</u>	Zip Code <u>43081</u>	<u>0</u>	<u>2</u>	<u>2</u>	<u>150.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Dave White</u>				Registration Number, if PAC			
Street Address <u>5334 Worcester Dr.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43232</u>	<u>0</u>	<u>2</u>	<u>2</u>	<u>75.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Tony Solazzo</u>				Registration Number, if PAC			
Street Address <u>363 Meditation Ln.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43235</u>	<u>0</u>	<u>2</u>	<u>2</u>	<u>75.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Jerry McAfee</u>				Registration Number, if PAC			
Street Address <u>2145 Keltanghrie Ave.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43229</u>	<u>0</u>	<u>2</u>	<u>2</u>	<u>75.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Sam Koon</u>				Registration Number, if PAC			
Street Address <u>141 E. Town St.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	<u>0</u>	<u>2</u>	<u>2</u>	<u>450.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Benesch, Friedlander, Coplan & Aronoff</u>				Registration Number, if PAC			
Street Address <u>200 Public Sq.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Cleveland</u>		State <u>OH</u>	Zip Code <u>44114</u>	<u>0</u>	<u>3</u>	<u>0</u>	<u>300.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Dave White</u>				Registration Number, if PAC			
Street Address <u>5652 Oakmont Dr.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43232</u>	<u>0</u>	<u>3</u>	<u>0</u>	<u>50.00</u>
Form (Cash, Check, etc.) <u>Check</u>							

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ 1,175.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Testa</u>					
Full Name of Contributor <u>Ted Blain</u>				Registration Number, if PAC	
Street Address <u>2295 Hiawatha Pk.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>3</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43211</u>	Y <u>0</u>	Amount <u>20.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>William Dawson</u>					
Street Address <u>5322 Castle Pines</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>3</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43235</u>	Y <u>0</u>	Amount <u>25.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Mark Arnold</u>					
Street Address <u>13435 Milner Rd.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>3</u>
City <u>Pickerington</u>		State <u>OH</u>	Zip Code <u>43147</u>	Y <u>0</u>	Amount <u>150.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Vna Hunter</u>					
Street Address <u>4076 E. Main St.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>3</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43123</u>	Y <u>0</u>	Amount <u>150.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Tom Johnston</u>					
Street Address <u>7641 Cherryfield Pl.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>3</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43235</u>	Y <u>0</u>	Amount <u>150.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Ohio Merchants Committee</u>					
Street Address <u>50 W. Broad St.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>3</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	Y <u>0</u>	Amount <u>2,000.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Gem PAC</u>					
Street Address <u>50 W. Broad St.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>3</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	Y <u>0</u>	Amount <u>500.00</u>
Form (Cash, Check, etc.) <u>Check</u>					

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ 2,995.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Testa</u>					
Full Name of Contributor <u>Tony Frisora</u>				Registration Number, if PAC	
Street Address <u>1470 Cypresswood Ct.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>3</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43229</u>	Y <u>0</u>	Amount <u>75.00</u>
				Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Bill Curtis</u>				Registration Number, if PAC	
Street Address <u>865 Macon Alley</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>3</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43206</u>	Y <u>0</u>	Amount <u>75.00</u>
				Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Dan Watrous</u>				Registration Number, if PAC	
Street Address <u>47 Maple Dr.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>3</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43228</u>	Y <u>0</u>	Amount <u>75.00</u>
				Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>James Joyce</u>				Registration Number, if PAC	
Street Address <u>1335 Dublin Rd.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>3</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	Y <u>0</u>	Amount <u>600.00</u>
				Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Carl Swisher</u>				Registration Number, if PAC	
Street Address <u>1169 Lenore Ave.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>3</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43224</u>	Y <u>0</u>	Amount <u>75.00</u>
				Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Peter Lahr</u>				Registration Number, if PAC	
Street Address <u>3452 Petzinger Rd.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>3</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43232</u>	Y <u>0</u>	Amount <u>75.00</u>
				Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Steven Hartzler</u>				Registration Number, if PAC	
Street Address <u>1185 S. Galena Rd.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>3</u>
City <u>Galena</u>		State <u>OH</u>	Zip Code <u>43021</u>	Y <u>0</u>	Amount <u>1,000.00</u>
				Form (Cash, Check, etc.) <u>Check</u>	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event.

Page Total \$ 1,975.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Testa</u>						Registration Number, if PAC	
Full Name of Contributor <u>James Whitacre</u>				Registration Number, if PAC			
Street Address <u>4605 Morse Rd.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43230</u>	<u>0</u>	<u>3</u>	<u>1606</u>	<u>150.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Marianne Collins</u>				Registration Number, if PAC			
Street Address <u>423 Hickory Ln.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Westerville</u>		State <u>OH</u>	Zip Code <u>43081</u>	<u>0</u>	<u>3</u>	<u>1606</u>	<u>200.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Melanie Hitsman</u>				Registration Number, if PAC			
Street Address <u>70 Huntington National Bank</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43219</u>	<u>0</u>	<u>3</u>	<u>1606</u>	<u>1,000.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Crabbe, Brown & James</u>				Registration Number, if PAC			
Street Address <u>500 S. Front St.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	<u>0</u>	<u>3</u>	<u>1606</u>	<u>1,000.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Donald Shackelford</u>				Registration Number, if PAC			
Street Address <u>21 E. State St.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	<u>0</u>	<u>3</u>	<u>1606</u>	<u>1,000.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Jeff Edwards</u>				Registration Number, if PAC			
Street Address <u>495 S. High St.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	<u>0</u>	<u>3</u>	<u>1606</u>	<u>1,000.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Calfee, Halter / Green Government Fund</u>				Registration Number, if PAC			
Street Address <u>800 Superior Ave.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Cleveland</u>		State <u>OH</u>	Zip Code <u>44114</u>	<u>0</u>	<u>3</u>	<u>1606</u>	<u>1,000.00</u>
Form (Cash, Check, etc.) <u>Check</u>							

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ 5,350.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Tests</u>					
Full Name of Contributor <u>Phil Holdrieth</u>				Registration Number, if PAC	
Street Address <u>507 Van Heyde Pl.</u>		Employer/Occupation/Labor Organization*		M D Y <u>03 16 06</u>	Amount <u>150.00</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43209</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Ohio Petroleum Retailers & Repair</u>				Registration Number, if PAC <u>C00139105</u>	
Street Address <u>947 E. Johnston Rd.</u>		Employer/Occupation/Labor Organization*		M D Y <u>03 16 06</u>	Amount <u>300.00</u>
City <u>Gahanna</u>		State <u>OH</u>	Zip Code <u>43230</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Thomas Tareff</u>				Registration Number, if PAC	
Street Address <u>600 S. High St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>03 16 06</u>	Amount <u>150.00</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Doug McCloud</u>				Registration Number, if PAC	
Street Address <u>1666 Birdsong Ct.</u>		Employer/Occupation/Labor Organization*		M D Y <u>03 16 06</u>	Amount <u>100.00</u>
City <u>Blacklick</u>		State <u>OH</u>	Zip Code <u>43004</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>John Haversen</u>				Registration Number, if PAC	
Street Address <u>587 Fox Lane</u>		Employer/Occupation/Labor Organization*		M D Y <u>03 20 06</u>	Amount <u>100.00</u>
City <u>Worthington</u>		State <u>OH</u>	Zip Code <u>43085</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Dave Robinson</u>				Registration Number, if PAC	
Street Address <u>130 Northridge Rd.</u>		Employer/Occupation/Labor Organization*		M D Y <u>03 20 06</u>	Amount <u>250.00</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43214</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Bamb Stiles</u>				Registration Number, if PAC	
Street Address <u>104 W. Main St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>03 20 06</u>	Amount <u>75.00</u>
City <u>Bremen</u>		State <u>OH</u>	Zip Code <u>43107</u>	Form (Cash, Check, etc.) <u>Check</u>	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ 1,125.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Testa</u>					
Full Name of Contributor <u>Robert Roach</u>				Registration Number, if PAC	
Street Address <u>530 W. Spring St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>032006</u>	Amount <u>50.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43215</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Martin Farley</u>				Registration Number, if PAC	
Street Address <u>13430 Winchester Rd.</u>		Employer/Occupation/Labor Organization*		M D Y <u>032706</u>	Amount <u>100.00</u>
City <u>Ashville</u>	State <u>OH</u>	Zip Code <u>43103</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>James Kime</u>				Registration Number, if PAC	
Street Address <u>2550 W. 5th Ave</u>		Employer/Occupation/Labor Organization*		M D Y <u>040306</u>	Amount <u>10.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43204</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Allen Shepherd</u>				Registration Number, if PAC	
Street Address <u>6295 Cassray Rd.</u>		Employer/Occupation/Labor Organization*		M D Y <u>041206</u>	Amount <u>525.00</u>
City <u>Dublin</u>	State <u>OH</u>	Zip Code <u>43016</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Steven Boone</u>				Registration Number, if PAC	
Street Address <u>1780 Welsh Hills Rd.</u>		Employer/Occupation/Labor Organization*		M D Y <u>041206</u>	Amount <u>1,000.00</u>
City <u>Granville</u>	State <u>OH</u>	Zip Code <u>43023</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Dorothy Curtin</u>				Registration Number, if PAC	
Street Address <u>79 Kinnothy Dr.</u>		Employer/Occupation/Labor Organization*		M D Y <u>041706</u>	Amount <u>25.00</u>
City <u>Westerville</u>	State <u>OH</u>	Zip Code <u>43081</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Greg Nelson</u>				Registration Number, if PAC	
Street Address <u>P.O. Box 730</u>		Employer/Occupation/Labor Organization*		M D Y <u>041606</u>	Amount <u>1,000.00</u>
City <u>Marysville</u>	State <u>OH</u>	Zip Code <u>43040</u>		Form (Cash, Check, etc.) <u>Check</u>	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ 2,710.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Testa</u>					
Full Name of Contributor <u>Gary Baas</u>				Registration Number, if PAC	
Street Address <u>959 Macbelle Way</u>		Employer/Occupation/Labor Organization*		M D Y <u>041806</u>	Amount <u>2,500.00</u>
City <u>Westerville</u>		State <u>OH</u>	Zip Code <u>43081</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor					
Street Address				M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor <u>Total Employee Contributions From Form 31-E</u>					
Street Address				M D Y	Amount <u>2,810.00</u>
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address				M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address				M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address				M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address				M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ 5,310.00

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Testa</i>											
To Whom Paid <i>Monaco's Palace</i>							M	D	Y	Amount <i>13,110.82</i>	
Address <i>4555 Cleveland Ave.</i>							Purpose <i>3/15 Event Expenses</i>				
City <i>Columbus</i>							State <i>OH</i>		Zip Code <i>43231</i>		Check Number <i>3442</i>
To Whom Paid							M	D	Y	Amount	
Address							Purpose				
City							State		Zip Code		Check Number
To Whom Paid							M	D	Y	Amount	
Address							Purpose				
City							State		Zip Code		Check Number
To Whom Paid							M	D	Y	Amount	
Address							Purpose				
City							State		Zip Code		Check Number
To Whom Paid							M	D	Y	Amount	
Address							Purpose				
City							State		Zip Code		Check Number
To Whom Paid							M	D	Y	Amount	
Address							Purpose				
City							State		Zip Code		Check Number
To Whom Paid							M	D	Y	Amount	
Address							Purpose				
City							State		Zip Code		Check Number

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Testa</u>					
Full Name of Contributor <u>Gene Hinterschied</u>					
Street Address <u>5856 Thorngate Dr.</u>				M <u>0</u>	D <u>2</u>
City <u>Galloway</u>				Y <u>06</u>	Amount <u>25.00</u>
State <u>OH</u>		Zip Code <u>43119</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Teri Fowler</u>					
Street Address <u>7858 Iris Ct.</u>				M <u>0</u>	D <u>2</u>
City <u>Canal Winchester</u>				Y <u>06</u>	Amount <u>50.00</u>
State <u>OH</u>		Zip Code <u>43110</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Mona Aswad</u>					
Street Address <u>852 Tamara Dr.</u>				M <u>0</u>	D <u>2</u>
City <u>Columbus</u>				Y <u>06</u>	Amount <u>50.00</u>
State <u>OH</u>		Zip Code <u>43230</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Gene Hinterschied</u>					
Street Address <u>5856 Thorngate Dr.</u>				M <u>0</u>	D <u>2</u>
City <u>Galloway</u>				Y <u>06</u>	Amount <u>25.00</u>
State <u>OH</u>		Zip Code <u>43119</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Michelle Merrick</u>					
Street Address <u>6454 Fox Hill Dr.</u>				M <u>0</u>	D <u>3</u>
City <u>Canal Winchester</u>				Y <u>06</u>	Amount <u>75.00</u>
State <u>OH</u>		Zip Code <u>43110</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Vance Cerasini</u>					
Street Address <u>2105 Jodilee Ct.</u>				M <u>0</u>	D <u>3</u>
City <u>Columbus</u>				Y <u>06</u>	Amount <u>150.00</u>
State <u>OH</u>		Zip Code <u>43228</u>		Form (Cash, Check, etc.) <u>Check</u>	

The above are employees of a unit or department under the direct supervision and control of Joseph W. Testa, who currently holds the public office

of County Auditor. I hereby affirm that each contribution was voluntarily made.

R.A. Charlin (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Testa</u>							
Full Name of Contributor <u>Michelle Click</u>							
Street Address <u>5738 Blendenbrook Ln.</u>				M <u>03</u>	D <u>06</u>	Y <u>06</u>	Amount <u>75.00</u>
City <u>Gahanna</u>	State <u>OH</u>	Zip Code <u>43230</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Gene Hinterschied</u>							
Street Address <u>5856 Thomgate Dr.</u>				M <u>03</u>	D <u>07</u>	Y <u>06</u>	Amount <u>25.00</u>
City <u>Galloway</u>	State <u>OH</u>	Zip Code <u>43119</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Chris Holdrieth</u>							
Street Address <u>5547 Channing Way.</u>				M <u>03</u>	D <u>14</u>	Y <u>06</u>	Amount <u>75.00</u>
City <u>Columbs</u>	State <u>OH</u>	Zip Code <u>43213</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Chuck Coleman</u>							
Street Address <u>3263 Benbrook Pond Dr.</u>				M <u>03</u>	D <u>14</u>	Y <u>06</u>	Amount <u>40.00</u>
City <u>Hilliard</u>	State <u>OH</u>	Zip Code <u>43026</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Chuck Coleman</u>							
Street Address <u>3263 Benbrook Pond Dr.</u>				M <u>03</u>	D <u>14</u>	Y <u>06</u>	Amount <u>35.00</u>
City <u>Hilliard</u>	State <u>OH</u>	Zip Code <u>43026</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Ken Perry</u>							
Street Address <u>170 Laurel Dr.</u>				M <u>03</u>	D <u>14</u>	Y <u>06</u>	Amount <u>150.00</u>
City <u>Patauskala</u>	State <u>OH</u>	Zip Code <u>43062</u>		Form (Cash, Check, etc.) <u>Check</u>			

The above are employees of a unit or department under the direct supervision and control of Joseph W. Testa, who currently holds the public office

of County Auditor. I hereby affirm that each contribution was voluntarily made.

Pat A. Chalmers (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Testa</u>							
Full Name of Contributor <u>Kimbol Stroud</u>							
Street Address <u>5698 Freepoint Ct.</u>				M <u>0</u>	D <u>3</u>	Y <u>1406</u>	Amount <u>75.00</u>
City <u>Westerville</u>	State <u>OH</u>	Zip Code <u>43081</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Sally Damcaski</u>							
Street Address <u>9658 Wagonwood Dr.</u>				M <u>0</u>	D <u>3</u>	Y <u>1406</u>	Amount <u>75.00</u>
City <u>Pickerington</u>	State <u>OH</u>	Zip Code <u>43147</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Shelley May</u>							
Street Address <u>12283 Cleo Dr.</u>				M <u>0</u>	D <u>3</u>	Y <u>1506</u>	Amount <u>100.00</u>
City <u>Orient</u>	State <u>OH</u>	Zip Code <u>43146</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Bob Monds</u>							
Street Address <u>1418 Terry Dr.</u>				M <u>0</u>	D <u>3</u>	Y <u>1506</u>	Amount <u>75.00</u>
City <u>Reynoldsburg</u>	State <u>OH</u>	Zip Code <u>43068</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Laurie Ludlum</u>							
Street Address <u>1615 Andree Ct.</u>				M <u>0</u>	D <u>3</u>	Y <u>1506</u>	Amount <u>75.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43227</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Deborah Harding</u>							
Street Address <u>1164 Whitney Ln.</u>				M <u>0</u>	D <u>3</u>	Y <u>1506</u>	Amount <u>10.00</u>
City <u>Westerville</u>	State <u>OH</u>	Zip Code <u>43081</u>		Form (Cash, Check, etc.) <u>Check</u>			

The above are employees of a unit or department under the direct supervision and control of Joseph W. Testa, who currently holds the public office of County Auditor. I hereby affirm that each contribution was voluntarily made.

RA. Chabon (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Testa</u>				
Full Name of Contributor <u>Agatha Shields</u>				
Street Address <u>359 Forestwood Dr.</u>				Amount <u>150.00</u>
City <u>Gahanna</u>	State <u>OH</u>	Zip Code <u>43230</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Sunny Cataland</u>				
Street Address <u>6889 Lott Rd.</u>				Amount <u>150.00</u>
City <u>Sunbury</u>	State <u>OH</u>	Zip Code <u>43074</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Shaun James</u>				
Street Address <u>10823 Buckingham Pl.</u>				Amount <u>75.00</u>
City <u>Powell</u>	State <u>OH</u>	Zip Code <u>43065</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Ed O'Block</u>				
Street Address <u>2259 Buttercup Ln.</u>				Amount <u>75.00</u>
City <u>Greene City</u>	State <u>OH</u>	Zip Code <u>43123</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Cindi Becker</u>				
Street Address <u>3046 Bretton Woods Dr.</u>				Amount <u>75.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43231</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Vicky Anthony</u>				
Street Address <u>2591 Bryton Dr.</u>				Amount <u>75.00</u>
City <u>Powell</u>	State <u>OH</u>	Zip Code <u>43065</u>	Form (Cash, Check, etc.) <u>Check</u>	

The above are employees of a unit or department under the direct supervision and control of Joseph W. Testa, who currently holds the public office of County Auditor. I hereby affirm that each contribution was voluntarily made.

R.C. Chamber (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Testa</u>					
Full Name of Contributor <u>Marg Kruse</u>					
Street Address <u>1733 White Rd.</u>				M <u>03</u>	D <u>16</u>
City <u>Grace City</u>				Y <u>06</u>	Amount <u>200.00</u>
State <u>OH</u>		Zip Code <u>43123</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Mark Calhoun</u>					
Street Address <u>5641 Dorsey Dr.</u>				M <u>03</u>	D <u>16</u>
City <u>Columbus</u>				Y <u>06</u>	Amount <u>75.00</u>
State <u>OH</u>		Zip Code <u>43235</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Carolyn Hager</u>					
Street Address <u>2065 Wayfarling Way</u>				M <u>03</u>	D <u>16</u>
City <u>Reynoldsburg</u>				Y <u>06</u>	Amount <u>150.00</u>
State <u>OH</u>		Zip Code <u>43068</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Gary Woodward</u>					
Street Address <u>4665 Brixshire Dr.</u>				M <u>03</u>	D <u>16</u>
City <u>Hilliard</u>				Y <u>06</u>	Amount <u>75.00</u>
State <u>OH</u>		Zip Code <u>43026</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Ross Chambers</u>					
Street Address <u>12364 Thornhurst Dr.</u>				M <u>03</u>	D <u>20</u>
City <u>Pickerington</u>				Y <u>06</u>	Amount <u>150.00</u>
State <u>OH</u>		Zip Code <u>43147</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Gene Hinterschied</u>					
Street Address <u>5856 Thorsgate Dr.</u>				M <u>03</u>	D <u>20</u>
City <u>Galloway</u>				Y <u>06</u>	Amount <u>25.00</u>
State <u>OH</u>		Zip Code <u>43119</u>		Form (Cash, Check, etc.) <u>Check</u>	

The above are employees of a unit or department under the direct supervision and control of Joseph W. Testa, who currently holds the public officeof County Auditor. I hereby affirm that each contribution was voluntarily made.R.A. Chamber (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Testa</u>							
Full Name of Contributor <u>Julie Dixon</u>							
Street Address <u>578 E. Torrence Rd.</u>				M <u>03</u>	D <u>20</u>	Y <u>06</u>	Amount <u>50.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43214</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Stephanie Philpot</u>							
Street Address <u>14110 Lockbourne Eastern Rd.</u>				M <u>03</u>	D <u>20</u>	Y <u>06</u>	Amount <u>100.00</u>
City <u>Ashville</u>	State <u>OH</u>	Zip Code <u>43103</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Gene Hinterschied</u>							
Street Address <u>5856 Thorngate Dr.</u>				M <u>04</u>	D <u>03</u>	Y <u>06</u>	Amount <u>25.00</u>
City <u>Galloway</u>	State <u>OH</u>	Zip Code <u>43119</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Tony Frissora</u>							
Street Address <u>520 Preservation Ln.</u>				M <u>04</u>	D <u>12</u>	Y <u>06</u>	Amount <u>150.00</u>
City <u>Gahanna</u>	State <u>OH</u>	Zip Code <u>43230</u>		Form (Cash, Check, etc.)			
Full Name of Contributor <u>Gene Hinterschied</u>							
Street Address <u>5856 Thorngate Dr.</u>				M <u>04</u>	D <u>14</u>	Y <u>06</u>	Amount <u>25.00</u>
City <u>Galloway</u>	State <u>OH</u>	Zip Code <u>43119</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Total of Pages 22 Thru 27</u>							
Street Address <u>Transferred To Form 31-E</u>				M	D	Y	Amount
City	State	Zip Code		Form (Cash, Check, etc.)			

The above are employees of a unit or department under the direct supervision and control of Joseph W. Testa, who currently holds the public office

of County Auditor. I hereby affirm that each contribution was voluntarily made.

R.A. Chabon (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."